



**Naperville**

Fireworks Permit Application

Applicant (Organization): Naperville Central High School  
 Address: 440 W. Aurora Ave., Naperville, IL 60540 Phone: 630-420-6649  
 Contact person: Nikki Baron  
 Phone numbers: (w) 630-420-6649 (c) \_\_\_\_\_  
 Firm Providing Fireworks: Central States Fireworks, Inc.  
 Address: 18034 Kincaid St, Athens, IL 62613 Phone: 217-636-7598  
 Contact Person: Larry Lefferts Phone: 217-306-4584  
 Fireworks Display Date: 5-21-18 Rain Date: None Time: Approx 7pm  
 Display Location: Knoch Park

**PLEASE ATTACH THE FOLLOWING TO THE COMPLETED APPLICATION:**

1. Map of display location and display set-up
2. Liability insurance (copy of insurance declarations page)

Signatures (3 signatures are required - 1 must be the Fireworks Operator)

<u>Lawrence H Lefferts</u>	<u>[Signature]</u>	<u>60</u>
Print name	Signature	Age
<u>Vivian W. Lefferts</u>	<u>[Signature]</u>	<u>61</u>
Print name	Signature	Age
<u>Bill Schofield</u>	<u>[Signature]</u>	<u>32</u>
Print name	Signature	Age

**All accidents must be reported to the Office of the State Fire Marshal  
within 36 hours of occurrence.**

Submit completed application and attachments to:

Naperville Fire Department  
1380 Aurora Ave. Naperville, IL 60540

All Fireworks Permit Applications must be approved by Naperville City Council

**Note:** It is the responsibility of the applicant to coordinate with the fire department before and during the celebration.

Reviewed by Fire Department: Michael Kokocinski Date: 4/19/18

# *CENTRAL STATES FIREWORKS*

*FINEST IN DISPLAY FIREWORKS*

*18034 Kincaid Street, Athens, IL 62613*

*(217) 636-7598 FAX (217) 636-7618*

## *NAPERVILLE CENTRAL HIGH SCHOOL FIREWORKS SPECTACULAR*

*\*\*\*\* MAY 21, 2018 \*\*\*\**

### **THE DISPLAY WILL OPEN WITH:**

3 INCH      12      Shot Salute Finale String to open display

### **THE MAIN BODY OF THE PROGRAM WILL CONSIST OF:**

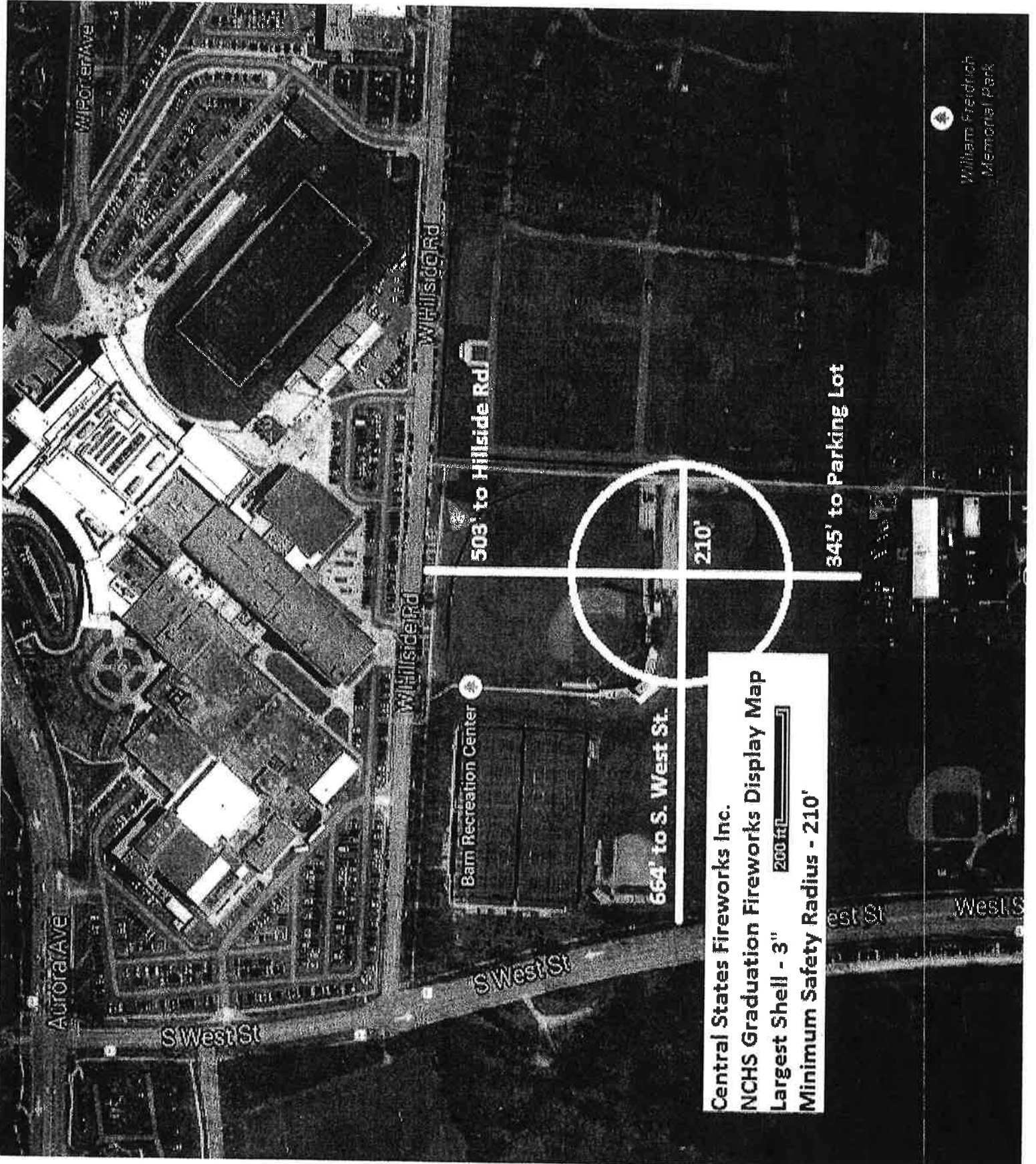
2.5"      4      Titanium Salutes with Rising Silver Tails  
2.5"      126      Mixed Peony and Chrysanthemum Shells and Effects  
**130      TOTAL 2.5 INCH SHELLS**

3 INCH      8      Titanium Salutes with Rising Silver Tails  
3 INCH      100      All different hard breaking shells, most with tails  
**108      TOTAL THREE INCH SHELLS**

3 INCH      120      THE GRAND FINALE TO CONSIST OF :  
Color and Salute Fianale Shells

**TOTAL PACKAGE VALUE IS \$3,900.00**  
**LESS DISCOUNT FOR YOUR HIGH SCHOOL \$300.00**  
**FINAL COST TO NAPERVILLE HS IS \$3,600.00**

*PRICE INCLUDES \$5,000,000 INSURANCE EXTENTION,  
EQUIPMENT, CREW AND COMPLETE PERFORMANCE.*



Central States Fireworks Inc.  
NCHS Graduation Fireworks Display Map  
Largest Shell - 3" 200ft  
Minimum Safety Radius - 210'



William Fredrich  
Memorial Park



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/11/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 216-658-7100 <b>FAX (A/C, No):</b> <b>E-MAIL:</b> <b>ADDRESS:</b>															
<b>INSURED</b> Central States Fireworks Inc. 18034 Kincaid Street Athens IL 62613		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Everest Indemnity Insurance Co.</td><td>10851</td></tr><tr><td>INSURER B: Everest National Insurance Company</td><td>10120</td></tr><tr><td>INSURER C: Axis Surplus Ins Company</td><td>26620</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER	NAIC #	INSURER A: Everest Indemnity Insurance Co.	10851	INSURER B: Everest National Insurance Company	10120	INSURER C: Axis Surplus Ins Company	26620	INSURER D:		INSURER E:		INSURER F:	
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## COVERAGES

CERTIFICATE NUMBER: 270646144

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		S18ML00047-171	12/20/2017	12/20/2018	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$500,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		\$
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B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		S18CA00027-171	12/20/2017	12/20/2018	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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C	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$		EAU778320	12/20/2017	12/20/2018	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$4,000,000</td></tr><tr><td>AGGREGATE</td><td>\$4,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$4,000,000	AGGREGATE	\$4,000,000		\$								
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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<table border="1"><tr><td>WC STATUTORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.  
EVENT DATE: May 21, 2018; RAIN DATE: TBD  
SPECIFIC LOCATION: Knock Park, 724 S. West Street, Naperville, IL  
ADDITIONAL INSURED: Naperville Central High School, The City of Naperville, Naperville District 203, Naperville Park District and Naperville Cemetery (property owners) and their employees, volunteers, officers, elected officials, partners, subsidiaries, divisions & affiliates, event sponsors & landowners as their interest may appear in relation to this event.

## CERTIFICATE HOLDER

## CANCELLATION

Naperville Central High School  
District 203  
440 W. Aurora  
Naperville IL 60540

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2010 ACORD CORPORATION. All rights reserved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/11/2018

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**PRODUCER**

Stanley's Insurance Agency Inc  
2215 Enterprise Dr Ste 1510  
Westchester, IL 60154

(708) 540-2200

**CONTACT**

NAME:  
PHONE (A/C, No, Ext): (877) 234-4420 FAX (A/C, No): (877) 234-4421  
E-MAIL:  
ADDRESS:  
PRODUCER  
CUSTOMER ID#

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A Continental Indemnity Co.

28258

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**INSURED**

Central States Fireworks, Inc.  
18034 Kincaid St  
Athens, IL 62613-7573

CTL 1273 1440368

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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	<b>GENERAL LIABILITY</b>					
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					PRODUCTS - COMPIOP AGG \$
						\$
	<b>AUTOMOBILE LIABILITY</b>					
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS					\$
						\$
	<b>UMBRELLA LIAB</b>	OCCUR <input type="checkbox"/>				EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>	CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
						\$
<b>A</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	Y/N <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	46-306378-01-01	12/31/2017	12/31/2018	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below					<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

Naperville Central High School, Dist 203  
440 West Aurora  
Naperville, IL 60540

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

94-3339969



In accordance with the provisions of Title XI, Organized Crime Control Act of 1970, and the regulations issued thereunder (27 CFR Part 555), you may engage in the activity specified in this license or permit within the limitations of Chapter 40, Title 18, United States Code and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 555.53.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF  
Correspondence To  
ATF - Chief, FELC  
244 Needy Road  
Martinsburg, WV 25405-9431

License/Permit  
Number

3-IL-129-23-9H-00688

Chief, Federal Explosives Licensing Center (FELC)

Expiration  
Date

August 1, 2019

Name

CENTRAL STATES FIREWORKS INC

Premises Address (Changes? Notify the FELC at least 10 days before the move.)

18034 KINCAID STREET  
ATHENS, IL 62613-

Type of License or Permit

23-IMPORTER OF EXPLOSIVES

Purchasing Certification Statement

The licensee or permittee named above shall use a copy of this license or permit to assist a transferor of explosives to verify the identity and the licensed status of the licensee or permittee as provided by 27 CFR Part 555. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license or permit with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Explosives Licensee (FEL) or a responsible person of the FEL. I certify that this is a true copy of a license or permit issued to the licensee or permittee named above to engage in the business or operations specified above under "Type of License or Permit."

Mailing Address (Changes? Notify the FELC of any changes.)

CENTRAL STATES FIREWORKS INC  
18034 KINCAID STREET  
ATHENS, IL 62613-

*Lawrence H. Lofferts*  
Licensee/Permittee Responsible Person Signature

*President*  
Position Title

*Lawrence H. Lofferts*  
Printed Name

*1-31-17*  
Date

Previous Edition is Obsolete  
CENTRAL STATES FIREWORKS INC 18034 KINCAID STREET 1 62613 3-IL-129-23-9H-00688 August 1, 2019 23-IMPORTER OF EXPLOSIVES

ATF Form 5400.14, 5400.15 Part 1  
Revised October 2011

Federal Explosives License (FEL) Customer Service Information

Federal Explosives Licensing Center (FELC)  
244 Needy Road  
Martinsburg, WV 25405-9431

Toll-free Telephone Number: (877) 283-3352  
Fax Number: (304) 616-4401  
E-mail: FELC@atf.gov

ATF Homepage: www.atf.gov

**Change of Address** (27 CFR 555.54(a)(1)). Licensees or permittees may during the term of their current license or permit remove their business or operations to a new location at which they intend regularly to carry on such business or operations. The licensee or permittee is required to give notification of the new location of the business or operations not less than 10 days prior to such removal with the Chief, Federal Explosives Licensing Center. The license or permit will be valid for the remainder of the term of the original license or permit. (The Chief, FELC, shall, if the licensee or permittee is not qualified, refer the request for amended license or permit to the Director of Industry Operations for denial in accordance with § 555.54.)

**Right of Succession** (27 CFR 555.59). (a) Certain persons other than the licensee or permittee may secure the right to carry on the same explosive materials business or operations at the same address shown on, and for the remainder of the term of, a current license or permit. Such persons are: (1) The surviving spouse or child, or executor, administrator, or other legal representative of a deceased licensee or permittee; and (2) A receiver or trustee in bankruptcy, or an assignee for benefit of creditors. (b) In order to secure the right provided by this section, the person or persons continuing the business or operations shall furnish the license or permit for that business or operations for endorsement of such succession to the Chief, FELC, within 30 days from the date on which the successor begins to carry on the business or operations.

Cut Here ✂

(Continued on reverse side)

Federal Explosives License/Permit (FEL) Information Card

License Permit Name: CENTRAL STATES FIREWORKS INC

Business Name:

License Permit Number: 3-IL-129-23-9H-00688

License Permit Type: 23-IMPORTER OF EXPLOSIVES

Expiration: August 1, 2019

Please Note: Not Valid for the Sale or Other Disposition of Explosives.



**STATE OF ILLINOIS**  
**OFFICE OF THE STATE FIRE MARSHAL**  
**DIVISION OF FIRE PREVENTION**

1035 Stevenson Drive • Springfield, IL 62703-4259



## ***Pyrotechnic Distributor License***

Central States Fireworks Inc  
18034 Kincaid Street  
Athens, IL 62613

**IL06-OPF-00037**

License #

**Matt Perez**

**STATE FIRE MARSHAL**

**08/15/2018**

EXPIRATION DATE

**OPF**

CLASSIFICATION

This license may be revoked by  
the Office of the State Fire Marshal  
for failure to comply with the lawful  
rules regulating this program.



Illinois Office of the State Fire Marshal  
Division of Fire Prevention

**THIS IS TO CERTIFY THAT  
WILLIAM SCHOFIELD  
Pyrotechnic Operator License**

Has completed all the requirements under the  
Pyrotechnic Distributor and Operator Act 225  
ILCS 227 and is employed by

**CENTRAL STATES FIREWORKS I**  
d/b/a:

**License #**

**IL11-O-00037-00882**

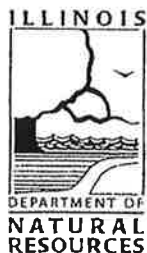
**Expires: 08/30/2020**

  
Matt Perce

**STATE FIRE MARSHAL**



CSF #1 Athens



Illinois  
Department of  
Natural Resources

**Office of Mines and Minerals**

Oper #: 1693

CENTRAL STATES FIREWORKS, INC.

18034 KINKAID STREET

ATHENS, IL 62613

HAS PAID THE REQUIRED FEE AND IS HEREBY ISSUED A

## STORAGE CERTIFICATE

Not exceeding 5,000 pounds/count of explosives

Under the "Illinois Explosives Act"  
Approved January 1, 2011

Effective Date: 3/1/2018

**Certificate No.: 8394**

Expires: Last day of February, 2019

Director  
Office of Mines  
and Minerals



U.S. Department of Transportation  
**Federal Motor Carrier Safety**

1200 New Jersey Ave., S.E.

**Administration**

Washington, DC 20590

October 4, 2017

In reply refer to:  
USDOT Number: 1022659

LARRY LEFFERTS  
PRESIDENT  
CENTRAL STATES FIREWORKS INC  
18034 KINCAID STREET  
ATHENS, IL 62613

**HAZARDOUS MATERIALS SAFETY PERMIT**  
HM Safety Permit ID: US-1022659-IL-HMSP  
Effective Date: October 4, 2017

Dear LARRY LEFFERTS:

The Hazardous Materials Safety Permit (HMSP) is verification of the motor carrier's permission to engage in the transportation of hazardous materials listed in 49 CFR 385.403 by motor vehicle in interstate, intrastate, or foreign commerce.

This HMSP will be effective beginning October 4, 2017 and remain effective through September 30, 2019 if your company maintains compliance with the requirements pertaining to the safe and secure movement of hazardous materials for the protection of the public (49 CFR 385 and other applicable Federal Motor Carrier Safety Regulations and Hazardous Material Regulations). Failure to maintain compliance will constitute sufficient grounds for suspension or revocation of this authority.

Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a Department of Transportation safety fitness rating less than "Satisfactory" or by other indicators, could result in a proceeding requiring the holder of this permit to show cause as to why this authority should not be suspended or revoked.

For questions regarding this document you may contact the FMCSA Hazardous Materials Division at 202-366-6121.

Sincerely,

Joseph P. DeLorenzo  
Director, Office of Enforcement and Compliance